SCHEDULE C.—DEATHS.

County of Essex Division of Sandwich South

	No. 1	No. 2	No. 3
Name and Surname of Deceased.	004977 James Bamford Shuel	004978 Jane Canay Shuel.	004979 Sarah Washington
When Died.	Jan. 15th 95	Jan. 26th 95	Jan. 26th 95
Sex—Male or Female.	Male	Female	Female
Age.	Five hours	11 days	92 years
Rank or Profession.			House-wife
Where Born.	Sandwich South	Sandwich South	
Certified Cause of death and duration of Illness.			Heart Disease; 3 months
Name of Physician (if any).	Dr McKenzie		None
Signature, Description and Residence of Informant.	Mrs Robert Shuel.	Mrs Robert Shuel	Ignatius Halford.
When Registered.	Jan. 17th 95	Jan. 27th 95	Feb. 15th 95
Religious Denomination of Deceased.	Church of England	Church of England	Methodist
Signature of Registrar.	John Moynahan	John Moynahan	John Moynahan
REMARKS.	James Shuel	Jane Shuel	This was sent to me by mail. Sarah Washington

	No 4	No. 5	No. 6.
Name and Surname of Deceased.	004980 Mrs Henry Mahoney.	004981 Elizabeth Ann Campbell.	004982 Abraham Halford.
When Died.	Feb. 23rd 95	Dec. 30th 94	Mar. 3rd 95
Sex—Male or Female.	Female	Female	Male
Age.	26 years	Five years	78 years
Rank or Profession.	House-wife	Farmers daughter	Farmer
Where Born.	Sandwich South	Sandwich South.	Ireland
Certified Cause of Death and duration of Illness.	Consumption; 7 months	Four days	Old age; 2 weeks
Name of Physician (if any).	Dr Shurley.	Dr Brien	Dr Devar
Signature, Description and Residence of Informant	Jas. McAuliffe (Treasurer)	John Greaves (Councillor)	Thos. Halford
When Registered.	Feb. 23rd 95	Feb. 25th 95	Mar. 3rd 95
Religious Denomination of Deceased.	R. Catholic	Methodist	R. Catholic
Signature of Registrar.	John Moynahan	John Moynahan	John Moynahan
REMARKS.	Mrs. Henry Mahoney	Elizabeth Campbell	Abraham Halford

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending June 30th 1895.

Given under my hand, this 1st day of July A.D. 1895.

John Moynahan Division Registrar. Sandwich South.

SCHEDULE C.—DEATHS.

County of Essex — Division of Sandwich South

	No. 7	No. 8	No. 9
Name and Surname of Deceased.	004983 Charles Herbert Farough	004984 John O Neill	004985 Stella Mary Ann Jessop
When Died.	Mar 31st 1895	Mar 22nd 95	Mar 26rd 95
Sex—Male or Female.	Male	Male	Female
Age.	3 months 17 days	62 years	2 years 1 months
Rank or Profession.	Child of Farmer	Farmer	Child of Farmer
Where Born	Sandwich South	Sandwich South	Sandwich South
Certified Cause of Death and duration of Illness.	Pneumonia; few days	Pneumonia; 4 days	Croup; 3 weeks
Name of Physician (if any).	Dr Brien	Dr Reaume	Dr Lambert
Signature, Description and Residence of Informant.	John Greaves, Councillor April 1st 95 Methodist John Moynahan.	Nellie Moynahan Mar. 23rd 95 Roman Catholic John Moynahan.	Wm Jessop. Mar 23rd 95 English Church John Moynahan Send but not received until April 2nd.
When Registered.			
Religious Denomination of Deceased.			
Signature of Registrar.			
REMARKS.	This was not received by me until April 1st:		

Charles Farough

John O'Neil

Stella Jessop

	No. 10	No. 11	No. 12
Name and Surname of Deceased.	004986 Peter White	004987 Viola Robinson	004988 Michael O Connell
When Died.	Apr 7th 95	May 8th 1895	June 20th 95
Sex—Male or Female	Male	Female	Male
Age.	83 years	22 years, 4 months	33 years
Rank or Profession.	Farmer	House-wife	Farmer
Where Born.	Ireland.	Maidstone Township	Sandwich South
Certified Cause of Death and duration of Illness.	Old age; 3 weeks	Exhaustion from confinement. 6 days.	Brights disease of kidney 6 months
Name of Physician, (if any).	Dr Brooks	Dr C. W. Hoare	Drs Brien
Signature, Description and Residence of Informant.	Wm White April 7th	Mich. Robinson May 8th 95	Jer. O Connell June 25th 95
When Registered.			
Religious Denomination of Deceased.	Church of England	Church of England	Church of England
Signature of Registrar.	John Moynahan.	John Moynahan.	John Moynahan
REMARKS.			

Peter White

Viola Robinson

Michael O'Connell

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending June 30th 1895

Given under my hand, this 1st day of July A. D. 1895 at Sandwich South

John Moynahan Division Registrar

SCHEDULE C.—DEATHS.

County of Essex Division of Sandwich South

	No. 13	No.	No.
Name and Surname of Deceased.	004989 Wm James Everingham		
When Died.	June 24th 95		
Sex—Male or Female.	Male.		
Age.	23 days		
Rank or Profession.			
Where Born.	Sandwich South.		
Certified Cause of death and duration of Illness.	over ½ day.		
Name of Physician (if any).	None		
Signature, Description and Residence of Informant.	Jas. Long.		
When Registered.	June 25-95		
Religious Denomination of Deceased.	Church of England		
Signature of Registrar.	John Moynahan		
REMARKS.	Premature Birth.		

Wm James Everingham

	No	No.	No.
Name and Surname of Deceased.			
When Died.			
Sex—Male or Female.			
Age.			
Rank or Profession.			
Where Born.			
Certified Cause of Death and duration of Illness.			
Name of Physician (if any).			
Signature, Description and Residence of Informant			
When Registered.			
Religious Denomination of Deceased.			
Signature of Registrar.			
REMARKS.			

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending June 30th 1895

Given under my hand, this 1st day of July A.D. 1895

John Moynahan Division Registrar. Sandwich South.

SCHEDULE C.—DEATHS.

County of Essex Division of Sandwich South

	No. 14	No. 15	No. 16
	004990	004991	004992
Name and Surname of Deceased.	Mary Renshaw	Christina Cameron	Denis Burke
When Died.	July 20th 1895	Sept- 10th 1895	Oct- 2nd 1895
Sex—Male or Female.	Female	Female	Male.
Age.	6 months, 3 days	sixty-four years	26 years.
Rank or Profession.		House-wife.	Laborer.
Where Born.	Sandwich South.		Sandwich South.
Certified Cause of death and duration of Illness.	Cholera-Infantum, 1 month.	Cancer of Liver, one year	Killed instantly in a railway accident
Name of Physician (if any).	Dr McKenzie	Dr McKenzie.	
Signature, Description and Residence of Informant.	Jas. Renshaw Lot 1- Con. 9	John Shuttleworth 8th Con.	Denis Burke - 9th Con.
When Registered.	July 20th 1895	Sept: 20th 1895.	Oct- 3rd 1895
Religious Denomination of Deceased.	Church of England	Methodist Church.	Roman Catholic
Signature of Registrar.	John Moynahan.	John Moynahan.	John Moynahan.
REMARKS.	Mary Renshaw	The place of her birth was not given me. Christina Cameron	Denis Burke

	No. 17	No. 18	No. 19
	004993	004994	004995
Name and Surname of Deceased.	William Mooney	Thomas Mooney	Agnes Amelin
When Died.	Oct- 2nd 1895	Oct- 2nd 1895	Sept- 28th 1895
Sex—Male or Female.	Male	Male	Female
Age.	18 years	15 years	7 months
Rank or Profession	Farmer's son	Farmer's son	
Where Born.	Sandwich South	Sandwich South	Sandwich South.
Certified Cause of Death and duration of Illness.	Instant death. Railway accident-	Instant Death Railway accident-	Brain fever; 9 days.
Name of Physician (if any).			Dr La'Clair Detroit
Signature, Description and Residence of Informant	Edward Mooney, Councillor	Edward Mooney, Councillor	Wm Amelin
When Registered.	Oct- 3rd 1895	Oct- 3rd 1895	Oct- 4th 1895
Religious Denomination of Deceased.	Roman Catholic	Roman Catholic	Roman Catholic
Signature of Registrar.	John Moynahan	John Moynahan.	John Moynahan.
REMARKS.	William Mooney	Thomas Mooney	This child was born in Sandwich South, Feb. 28th 95. Father's name is Wm Amelin but I do not know the mothers name. Agnes Amelin

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half year ending Dec. 31st 1895 — 104

Given under my hand, this 15th day of January A.D. 1896.

John Moynahan Division Registrar. Sandwich South.

SCHEDULE C.—DEATHS.

County of Essex Division of Sandwich South

	No. 20.	No. 21	No. 22.
	004996	004997	004998
Name and Surname of Deceased.	Michael Savage	Patrick McNally.	Burke
When Died.	Oct: 9th 1895.	Oct: 16th 1895.	26 Dec 1895
Sex—Male or Female.	Male	Male.	Male
Age.	83 years	85 years	——
Rank or Profession.	Retired - farmer.	Farmer	——
Where Born	Waterford, Ireland	Antrim Ireland.	Sand. South.
Certified Cause of Death and duration of Illness.	Old age, 14 days	Old age, 2 years	Still born.
Name of Physician (if any).	Dr Dewar.	Dr McKenzie.	Dr Reaume.
Signature, Description and Residence of Informant.	Ignatius Halford, Maidstone	Mich. Kane, Lot 293, N.Y.R.	Edward Burke Lot 30 S.S.
When Registered.	Oct 12th 1895.	Oct 21st 1895.	Dec. 27th 1895
Religious Denomination of Deceased.	Roman Catholic.	Roman Catholic	Roman Catholic
Signature of Registrar.	John Moynahan	John Moynahan	John Moynahan.
REMARKS.	Michael Savage	Patrick McNally	I would like to know if this is proper, if not kindly inform me how to enter it. Burke

	No. 23	No.	No.
	004999		
Name and Surname of Deceased.	Joseph D. Shuttleworth		
When Died.	Nov. 29th 94.		
Sex—Male or Female	Male		
Age.	8 years		
Rank or Profession.	Farmer's son.		
Where Born.	Ontario, Sand. South.		
Certified Cause of Death and duration of Illness.	Meningetis, about 1 year.		
Name of Physician, (if any).	P. B. Knight.		
Signature, Description and Residence of Informant.	John Shuttleworth W. H. Hebner M.D signed Certif.		
When Registered.	Dec. 28th 1894		
Religious Denomination of Deceased.	Methodist		
Signature of Registrar.	John Moynahan		
REMARKS.	The death took place in Detroit. The father asked me to record the particulars		

Joseph Shuttleworth

I hereby certify the foregoing to be the true and correct entries of all Deaths returned to me for the half-year ending 18

Given under my hand, this day of A. D. 18

Division Registrar